## **EXHIBIT P**

### Estate of Robert Alexander

# VCF Documentation



June 20, 2018

RAYMOND ALEXANDER C/O WENDELL TONG SULLIVAN PAPAIN BLOCK MCGRATH & CANNAVO, PC 120 BROADWAY 18TH FLOOR NEW YORK NY 10271

#### Dear RAYMOND ALEXANDER:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. You submitted an Eligibility Form on behalf of ROBERT ALEXANDER. Your claim number is VCF0108175. Your Eligibility Form was determined to be substantially complete on June 19, 2018. As stated in the Regulations and on the claim form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit on behalf of the decedent and his or her survivors.

#### The Decision on your Claim

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED SITE
- UNSPECIFIED SINUSITIS AND RELATED PHYSICAL CONDITIONS: OBSTRUCTIVE SLEEP APNEA

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

#### What Happens Next

If the decedent was certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.



If you believe the decedent had eligible injuries not treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

If the decedent did not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya Special Master September 11th Victim Compensation Fund

cc: RAYMOND ALEXANDER



August 23, 2019

RAYMOND ALEXANDER 33 WILDFLOWER LANE MIDDLETOWN CT 06457

#### Dear RAYMOND ALEXANDER:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on July 10, 2019 notifying you of the amount of your award. Your claim number is VCF0108175. As explained in that letter, your award was reduced as a result of the Special Master's determination in February 2019 that the VCF's funding was insufficient to compensate all pending and projected claims.

On July 29, 2019, the President signed into law the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The VCF Permanent Authorization Act extends the VCF's claim filing deadline until October 1, 2090, and provides such funds as may be necessary to compensate all approved claims. The Act also requires the Special Master to issue payments to any claimants who were impacted by the reductions in order to make up the difference between the reduced award and the unreduced value that would have been awarded had the reductions not been applied. Additional information about the VCF Permanent Authorization Act can be found on the www.vcf.gov website. This letter sets forth the full amount of your unreduced award, and supersedes and replaces all previous award letters.

The VCF has reviewed the information you submitted and calculated the amount of your unreduced award. When determining the amount of your loss, the VCF calculates the amount of your economic and non-economic loss and then is required to subtract the amount of any payment you have received, or are entitled to receive, from any source that meets the definition of collateral offsets under the Statute and regulations. Because the amount of your collateral offset payments exceeds the total amount of your economic and non-economic loss, your unreduced award is \$0.00.

This determination is in accordance with the requirements of the VCF Permanent Authorization Act. The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions included in this determination.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

#### **What Happens Next**



This award may not be appealed. There is no basis for an appeal as you did not appeal the previously-reduced award.

Amending your Claim: You may amend your claim in the future if your circumstances change and you have new information to provide to the VCF that you believe warrants additional compensation. The VCF website has important information about the specific circumstances when it is appropriate to request an amendment. For more information and examples of such situations, please refer to "Section 5 – Amendments" in the VCF Policies and Procedures document available under "Forms and Resources" on the VCF website. Please review the information carefully when deciding whether to amend your claim. If you submit an amendment, the VCF will review the new information and determine if it provides the basis for a revised decision.

When considering whether to amend your claim, please review the amount of your economic and non-economic loss award, and the amount by which that award was reduced due to collateral offsets. You should consider whether these offsets will exceed the new loss you are seeking. If your offsets are substantially higher than the loss you are claiming through the amendment, the amendment will not result in a change to your net total award. In these situations, the VCF does not recommend submitting the amendment.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya Special Master September 11th Victim Compensation Fund

cc: WENDELL TONG



### **Award Detail**

Claim Number: VCF0108175

Decedent Name: ROBERT ALEXANDER

| PERSONAL INJURY CLAIM (Losses up to Date of Death)  |               |  |
|---|---------------|--|
| 1   |               |  |
| Lost Earnings and Benefits                          |               |  |
| Loss of Earnings including Benefits and Pension     | \$11,716.00   |  |
| Mitigating or Residual Earnings                     | \$0.00        |  |
| Total Lost Earnings and Benefits                    | \$11,716.00   |  |
|   |               |  |
| Offsets Applicable to Lost Earnings and Benefits    |               |  |
| Disability Pension                                  | \$0.00        |  |
| Social Security Disability Benefits                 | (\$68,906.00) |  |
| Workers Compensation Disability Benefits            | \$0.00        |  |
| Disability Insurance                                | \$0.00        |  |
| Other Offsets related to Earnings                   | \$0.00        |  |
| Total Offsets Applicable to Lost Earnings           | (\$68,906.00) |  |
|   |               |  |
| Calculated Lost Earnings and Benefits after Offsets | (\$57,190.00) |  |
|   |               |  |
| Total Lost Earnings and Benefits Awarded            | \$0.00        |  |
|   |               |  |
| Other Economic Losses                               |               |  |
| Medical Expense Loss                                | \$0.00        |  |
| Replacement Services                                | \$0.00        |  |
| Total Other Economic Losses                         | \$0.00        |  |
|   |               |  |
| Total Economic Loss                                 | \$0.00        |  |
|   |               |  |
| Total Non-Economic Loss                             | \$300,000.00  |  |
|   |               |  |
| Subtotal Award for Personal Injury Claim            | \$300,000.00  |  |



| DECEASED CLAIM (Losses from Date of Death)                |                  |  |
|---|------------------|--|
| Loss of Earnings including Benefits and Pension           | \$1,862,298.00   |  |
| Offsets Applicable to Lost Earnings and Benefits          |                  |  |
| Survivor Pension  | (\$1,637,096.00) |  |
| SSA Survivor Benefits                                     | \$0.00           |  |
| Worker's Compensation Death Benefits                      | \$0.00           |  |
| Other Offsets related to Earnings                         | \$0.00           |  |
| Total Offsets Applicable to Loss of Earnings and Benefits | (\$1,637,096.00) |  |
| Calculated Lost Earnings and Benefits after Offsets       | \$225,202.00     |  |
| Total Lost Earnings and Benefits Awarded                  | \$225,202.00     |  |
| Other Economic Losses                                     |                  |  |
| Replacement Services                                      | \$0.00           |  |
| Burial Costs  | \$18,068.49      |  |
| Total Other Economic Losses                               | \$18,068.49      |  |
| Total Economic Loss                                       | \$243,270.49     |  |
| Non-Economic Loss   |                  |  |
| Non-Economic Loss - Decedent                              | \$250,000.00     |  |
| Non-Economic Loss - Spouse/Dependent(s)                   | \$0.00           |  |
| Total Non-Economic Loss                                   | \$250,000.00     |  |
| Additional Offsets  |                  |  |
| Social Security Death Benefits                            | \$0.00           |  |
| Life Insurance  | (\$167,692.87)   |  |
| Other Offsets   | \$0.00           |  |
| Total Additional Offsets                                  | (\$167,692.87)   |  |
| Subtotal Award for Deceased Claim                         | \$325,577.62     |  |



| Subtotal of Personal Injury and Deceased Claims               | \$625,577.62     |  |  |  |
|---|------------------|--|--|--|
| PSOB Offset   | \$0.00           |  |  |  |
| Prior Lawsuit Settlement Offset                               | \$0.00           |  |  |  |
| Award Paid on Prior Personal Injury Claim                     | (\$1,158,216.46) |  |  |  |
| Total Revised Award   | -\$532,638.84    |  |  |  |
| Previously Paid Award   | \$0.00           |  |  |  |
| TOTAL AWARD   | \$0.00           |  |  |  |
|   |                  |  |  |  |
| Factors Underlying Economic Loss Calculation                  |                  |  |  |  |
| Annual Earnings Basis (without benefits)                      | \$166,802.78     |  |  |  |
| Percentage of Disability attributed to Eligible Conditions -  | 100.00%          |  |  |  |
| applicable to Personal Injury losses                          |                  |  |  |  |
| Start Date of Loss of Earnings Due to Disability - applicable | 10/27/2016       |  |  |  |
| to Personal Injury losses                                     |                  |  |  |  |

| Eligil | ble Conditions Considered in Award  |
|--------|---|
| Ma     | alignant Neoplasm of Brain Unspecified Site                                   |
| Ur     | nspecified Sinusitis and Related Physical Conditions: Obstructive Sleep Apnea |

## Solatium Claimants' Affidavits

# Alice V. Alexander

| SOUTHERN DISTRICT OF NEW                                  | YORK        | 2                                 |
|---|-------------|-----------------------------------|
| In Re:  |             |                                   |
| TERRORIST ATTACKS ON<br>SEPTEMBER 11, 2001                |             | 03-MDL-1570 (GBD)(SN)             |
| JILL ACCARDI, et al.,                                     | X           | AFFIDAVITOF ALICE V.<br>ALEXANDER |
|   | Plaintiffs, | 21-CV-06247 (GBD)(SN)             |
| V.  |             |                                   |
| ISLAMIC REPUBLIC OF IRAN,                                 |             |                                   |
|   | Defendant.  |                                   |
| STATE OF MASSACHUSETTS )<br>: SS<br>COUNTY OF BERKSHIRE ) |             |                                   |

ALICE V. ALEXANDER, being duly sworn, deposes and says:

- I am a plaintiff in the within action, am over 18 years of age, and reside at
  Greenwood Circle, South Egremont, Massachusetts 01230.
  - 2. I am currently 80 years old, having been born on May 13, 1943.
- 3. I am the mother of Decedent, Robert Alexander, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.
- 4. My son passed away from brain cancer on August 14, 2017, at the age of 43. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. Decedent, Robert W., was my son.

6. At the time, Rob worked for the New York Police Department before transferring

to FNDY in January of 2002. On September 11, 2001, he left his post at 125th Street and traveled

to the World Trade Center in the hopes of finding his father, an FDNY lieutenant, at the site. They

did in fact find each other so that they could respond to the attacks together and search for Rob's

best friend, Sean Tallan of Ladder 10. Father and son spent the next several weeks on the pile, at

which point they eventually found poor Sean's remains. They attended numerous funerals together

in honor of their fallen FNDY fellowmen.

7. Rob never admitted anything to me regarding his health until three or four months

after he was initially diagnosed. My beloved husband - and Rob's father - had already been

diagnosed with three 9/11-related cancers; Rob must have not wanted to burden me with his illness.

Both of their diagnoses just about destroyed me. I feel nauseous just writing this from recollection!

8. I lost my beloved husband and my beloved son to illnesses related to the terrorist

attacks on September 11th. My husband passed away eight months after my son. This has destroyed

me.

ALICE V AVEYANDED

Sworn before me this

day of October, 2023

Notary public

Miranda Hosier Notary Public Commonwealth of Messeschusetts

My Commissions